



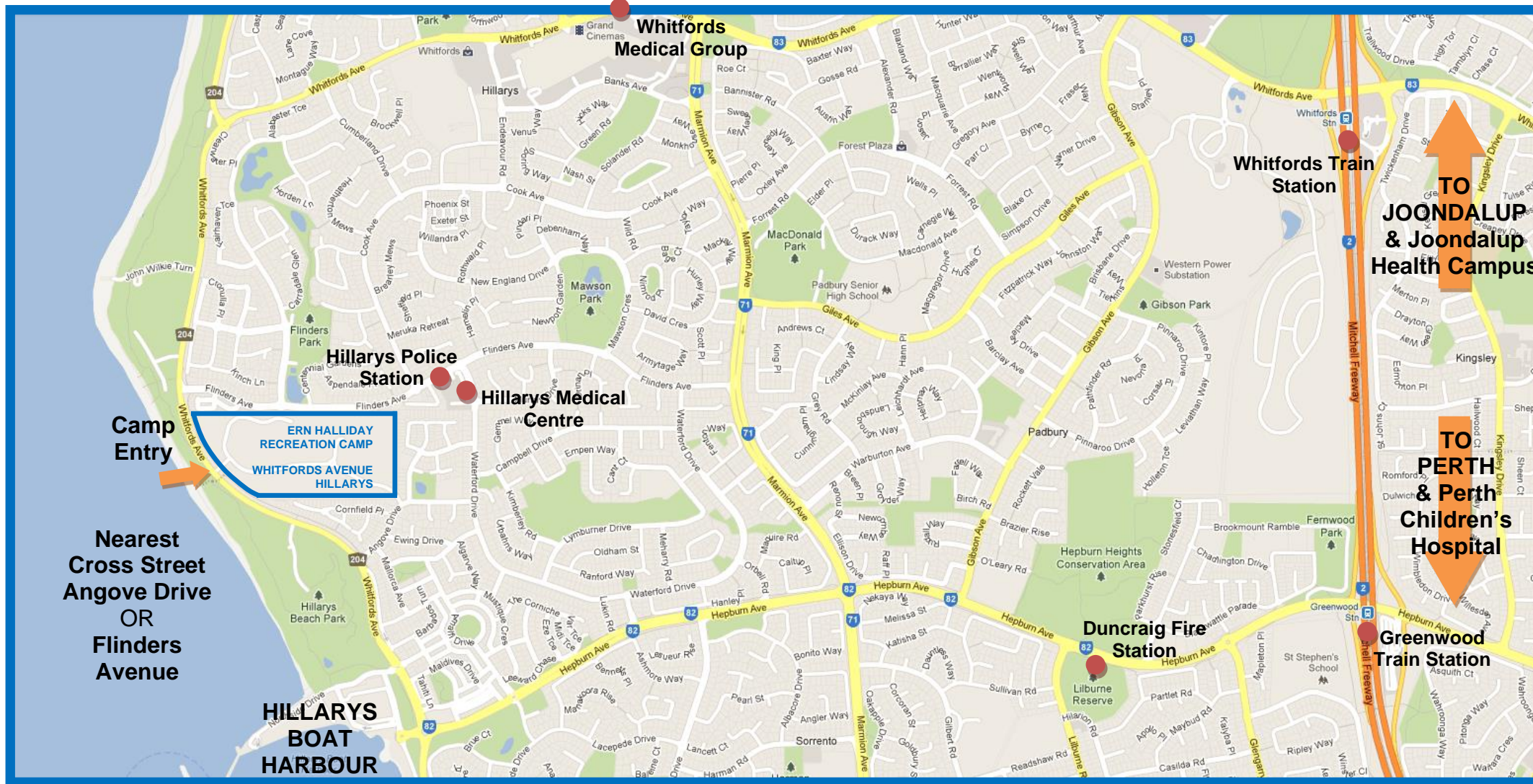
Department of
Local Government, Sport
and Cultural Industries

ERN HALLIDAY RECREATION CAMP

Emergency Response Plan *for Clients*



ERN HALLIDAY RECREATION CAMP LOCATION MAP



Contents Page

Contents Page.....	- 3 -
Summary.....	- 4 -
Purpose of the Manual	- 4 -
Emergency Contact Numbers	- 5 -
Map – Emergency Equipment and Lay Out.....	- 6 -
Types of Emergencies.....	- 8 -
Emergency Control Organisation	- 8 -
Communications.....	- 9 -
Warden Identification.....	- 10 -
Phase 1 – Standard Emergency Order	- 10 -
Phase 2 – Fire Response.....	- 11 -
Phase 2 – Medical Emergency Response.....	- 12 -
Map – Joondalup Health Campus	- 13 -
Map – Perth Children’s Hospital.....	- 14 -
Map – Hillarys Medical Centre.....	- 15 -
Map – Whitfords Medical Group	- 16 -
Map – St John Urgent Care, Joondalup	- 17 -
Phase 3 – Standard Emergency Orders.....	- 18 -
On Site Emergency Resources	- 19 -
Bites and Stings Information.....	- 21 -

Summary

These procedures were formulated to meet the requirements of Australian Standard **AS3745-2010** Emergency Control Organisation and Procedures for Buildings, and the National Competency Standard – Fire Emergency Response.

All full time staff of the Ern Halliday Recreation Camp are required to participate in regular emergency training and evacuation exercises. These should be conducted every 12 months. Other DLGSC employees acknowledge the authority of the appointed Wardens (Emergency Control Organisation / Ern Halliday Full Time Staff) in emergency situations.

The Critical Incident Management Planning and Learning (CIMPL) Plan covers the overarching responses and chain of communications for the Department of Local Government, Sport and Cultural Industries (DLGSC) Camps. The specific responses and procedures mentioned in this document are to be used in conjunction with the CIMPL plan to help enable the best emergency response possible.

Incidents and Emergency situations that arise at Ern Halliday Recreation Camp will be dealt with in three phases.

Phase 1 – Deals with any immediate actions required by those physically close to the incident such as first aid, smothering fires and rescues etc. **This includes group leaders and participants.**

Phase 2 – Starts as soon as communications commence to anyone not directly responding to the incident. Will generally start with radio contact to the office and includes the responses then conducted by other support staff including communications with emergency services, line managers, public affairs, coordinating evacuations and general bigger picture tasks.

Phase 3 – Relates to the cleanup of incidents and follow up needed. Re stocking first aid kits and other resources used, putting into effect counseling and debriefs while assessing staff and resources for return to work plan.

Purpose of the Manual

This abridged version of the Ern Halliday Recreation Camp’s Emergency Response Plan will assist group leaders and participants to respond effectively and safely to emergency situations.

The following procedures are meant to provide a basis for handling various types of workplace emergencies. They should not be regarded as rigid but rather as flexible guidelines to be adapted to cope with any unanticipated situations.

Version	Date	Revision Description (Section, content etc)	Completed by
1.0	3/10/16	Original Version – Abridged from full plan	Brett Poole
1.1	14/2/18	Annual Update - DSR amended to DLGSC, Whitfords Sea Rescue added to contact list, gates and gate numbers added to Emergency Equipment Layout, Update to directions, Update Epipen instructions	Brett Poole
1.2	18/7/18	Update references to PMH to new Perth Children’s Hospital	Brett Poole
1.3	12/8/19	Annual Update - Change to contact for Duncraig Fire Station, DFES info line and change from Alinta to Atco Gas. Change to defib locations and access arrangements	Brett Poole
1.4	26/8/20	Annual Update – No Change	Brett Poole
1.5	7/6/23	Update – Changes for new Spinnaker layout	Brett Poole

Emergency Contact Numbers

Ern Halliday Recreation Camp Whitfords Avenue, Hillarys (Nearest intersection – Flinders Avenue)

ERN HALLIDAY CAMP	Office	9492 9788
	On call staff member (No Text Message)	0417 948 816
	Camp Management	0402 783 654
EMERGENCY	Emergency services	000
	(If 000 is not working from mobile try)	112
POLICE	Police Assistance (non emergencies)	131 444
	Hillarys Police Station	9403 1000
FIRE	Duncraig Fire Station (non emergencies)	6478 2610
	DFES information line	133 337
	Regular fire reports - ABC local radio	720 am radio
SEA RESCUE	Whitfords Volunteer Sea Rescue Group	9401 3757
HOSPITALS	Joondalup Health Campus	9400 9400
	Perth Children's Hospital	6456 2222
MEDICAL CENTRES	Hillarys Medical Centre	9403 2399
	Whitfords Avenue Medical Group	9307 4222
	St John Urgent Care, Joondalup	9400 7000
SES	General assistance	132 500
	Wanneroo/Joondalup SES	9300 1666
RANGERS	City of Joondalup Ranger Services	9400 4960
	City Watch Community Patrol	1300 655 860
WESTERN POWER	Report and enquire faults and emergencies	13 13 51
WATER CORP	Faults, emergencies and security	13 13 75
ATCO GAS	Faults and emergencies	13 13 52

All numbers correct at June 2023

Map – Emergency Equipment and Lay Out



H Location of Fire Hydrant Stand

R Location of Fire Hose Reel

HLS Helicopter Landing Site

G Location of Main Gas Isolation

P Location of Main Power Isolation

W Location of Main Water Isolation

4 Location of Gate & ID Number

- Fire hoses reels **R** located at; Stadium, Commodore Dorms 2 & 5, Foyer to Main Dining Area, Spinnaker eastern verandah. Total of 5 onsite.
- Fire hydrants **H** located at; Stadium, Windmill Car Park, Opposite Cardinal Meeting Hall, Opposite onsite residence, Leaders Cottage, Main Dining Area, Spinnaker Dorms, Port & Starboard Dorms. Total of 8 onsite.
- Fire extinguishers/blankets are located in or at the kitchen areas, meeting hall, office, program shed, tool shed and storage shed.
- Main Water **W** and Gas **G** Isolation located and signed at back gate. Gas Isolation for Windmill Ablutions located on camp boundary behind ablution block. Main Power **P** Isolation located at end of power lines near Commodore Dorm 1.
- 7 Emergency Gates are located around the boundary of the site, in addition to the main entrance (gate 1). Gate 2 exits onto Whitfords Avenue, gates 3-7 exit onto Flinders Avenue and gate 8 exits onto Angove Drive. Gate 9 is a personnel gate only, not suitable for vehicles.
- A 1st Defibrillator & Epipen is located on the wall outside Office Door in locked box accessible by calling 000. Accessible 24/7.
- 2nd Defibrillator is located on the wall outside the foyer at the main dining hall in locked box accessible by calling 000. Accessible 24/7.
- *First aid kits, medical oxygen & carry board are available by contacting camp staff only. Access of this equipment is limited to use by DLGSC trained and qualified staff. Groups should make their own arrangements for the supply of first aid kits throughout their stay.*

In an emergency please contact emergency services and camp management immediately!
(if life-threatening, call “000” before alerting camp staff)

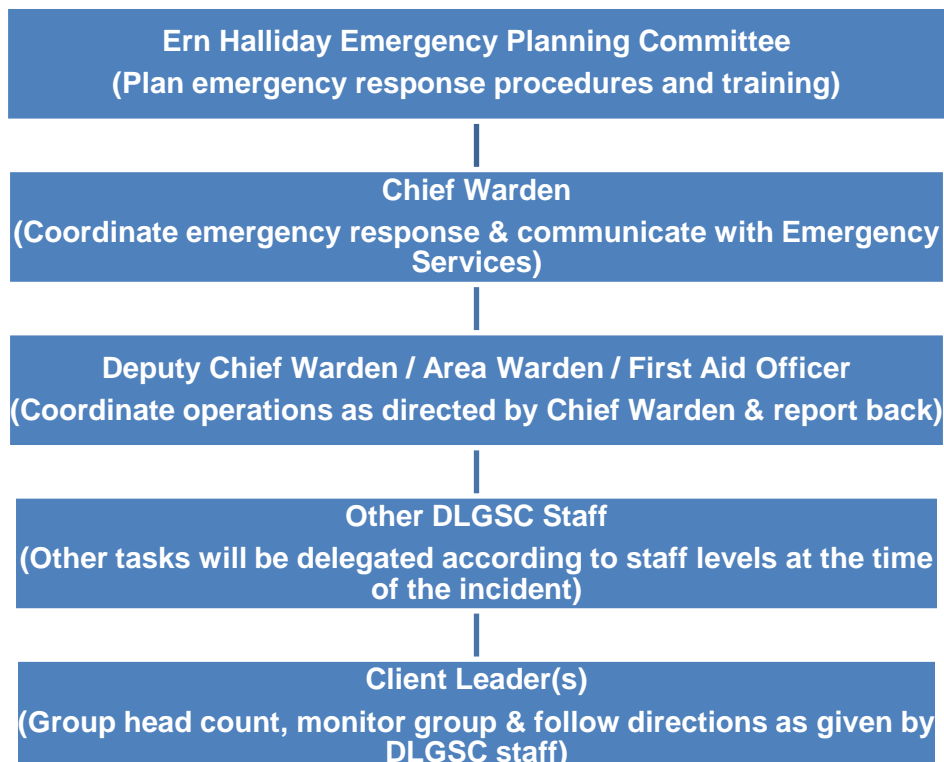
Types of Emergencies

An emergency situation may arise as a result of any of the following:

- Fire
- Bomb Threat
- Earth Quake
- Medical Emergency
- Armed Intrusion / Hold Up
- Flood / Landslide / Tsunami
- Hazardous Materials
- Other Unforeseen Emergency

Emergency Control Organisation

The following chart identifies both the processes for reporting and the responsibility structure of all staff located within the facility and its environments.



Communications

The office has land line telephones (phone # 08 9492 9788) and access to the internet.

WiFi is also available throughout the site to the public. Contact site staff to gain access to this.

The onsite residence has a land line telephone (phone # 08 9401 2220).

If emergency assembly is required a blast horn will be sounded for 30 seconds at 30 second intervals or as required. Wardens will travel along the camp sealed road from the Office to all dormitory, meeting & activity areas on foot or via camp vehicle with the blast siren to alert all people onsite and give directions to the Assembly Area as required.

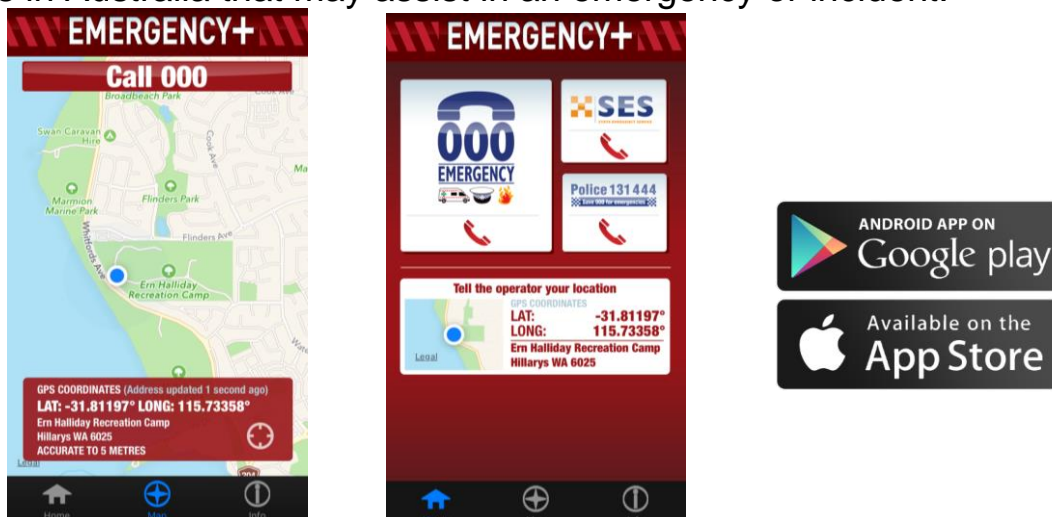
Residential or day group leaders are to be contacted by mobile phone where possible.

On a weekend where the site may not be attended by a staff member, mobile phone will be the primary means of contact until a staff member is onsite.

Refer to emergency evacuation signage located in each building for more information.

Emergency+ App

Groups leader may also want to consider downloading the free mobile app on Apple and Android devices – '**Emergency +**'. It is a useful app that helps to locate your position in an emergency, and provides a range of non-critical phone numbers in Australia that may assist in an emergency or incident.



Warden Identification

Where possible all Wardens will be identified by wearing a safety helmet as follows during an emergency:

- White Helmet – Chief Warden
- Red Helmet – Warden
- Green Helmet – First Aid Officer

Phase 1 – Standard Emergency Order

In the event of an incident or accident it is expected all DLGSC staff & groups leaders will;

1. Ensure their own safety
2. Provide direction to ensure bystanders safety
3. Care for casualties according to training
 - DRSABCD should be followed
4. Notify emergency services, office or other parties as soon as practicable to enable Phase 2 to commence
5. If emergency siren sounded and/or call given by phone or radio, head to assembly point as a group, follow instructions from Wardens.

Phase 2 – Fire Response

Group leaders to use this list to help respond to the incident

- Call '000'**, if no response call 112 from a mobile, provide information on situation as requested Time of call _____am / pm
- Contact Ern Halliday Office or On Call mobile to alert of situation.
- Account for all group members & ensure their immediate safety.
Adults _____ Children _____ Total _____
- If safe**, attempt to put out **small** instantaneous fires without PPE using extinguishers or hose reels available.
- Move group members by foot to the Evacuation Point on the main oval if safe to do so.
- Alert other client groups onsite if after hours
- Is it best to **stay or evacuate**? _____
 - Advice from DFES?
 - If evacuating this needs to be done prior to the fire getting out of control, Leave Early!!
- Follow instructions from Camp Staff & DFES or other emergency service employees.

If Camp Staff or DFES advises **evacuation** to safe location:

- Client Group Leader to ensure all persons accounted for when leaving site.

If unable to evacuate site move group to a position opposite the fire direction and direction of smoke travel

- If radiant heat or smoke fumes present move inside a safe building
- Fill door gaps to prevent smoke entering
- Continue to re assess and adjust as needed

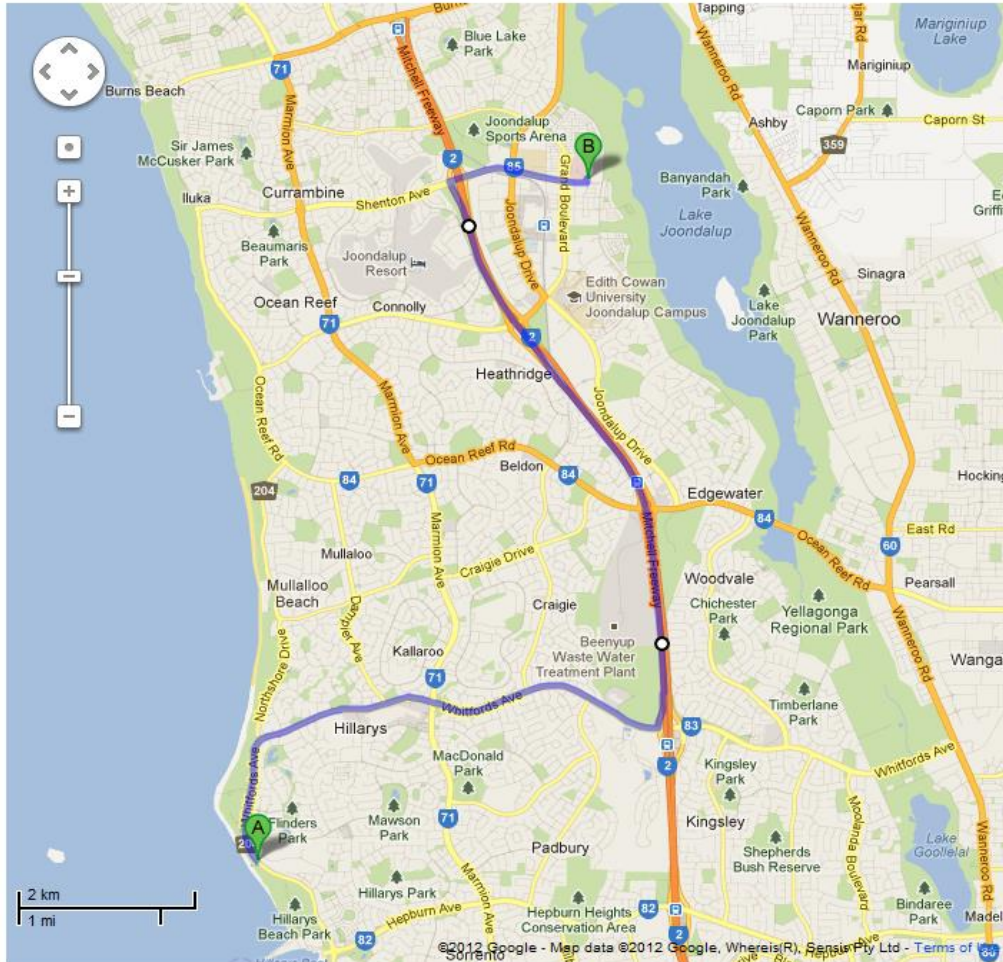
Phase 2 – Medical Emergency Response

Group leaders to use this list to help respond to the incident

- Commence DRSABCD
- If required **Call '000'**, if no response call 112 from a mobile, provide information on situation as requested Time of call _____am / pm
- Place someone at main entry gate to direct ambulance to medical emergency location.
 - Ensure this person has code for cable gate if required.
- On site resources available 24/7
 - 1st Defibrillator & Epipen is located on the wall outside Office Door in locked box accessible by calling 000. Accessible 24/7.
 - 2nd Defibrillator is located on the wall outside the foyer at the main dining hall in locked box accessible by calling 000. Accessible 24/7.
 - Medical Oxygen, First Aid Kits & Carry Board are available by contacting camp staff
- Have someone remain with the injured person until help arrives
- If ambulance not required arrange for group to transport to further medical assistance.
 - Maps and contact details
- Complete reports**, ensure relevant persons are notified

Map – Joondalup Health Campus

Joondalup Health Campus – 9400 9400
Shenton Avenue, JOONDLAUP, WA, 6027
15.1km – About 18 Minutes

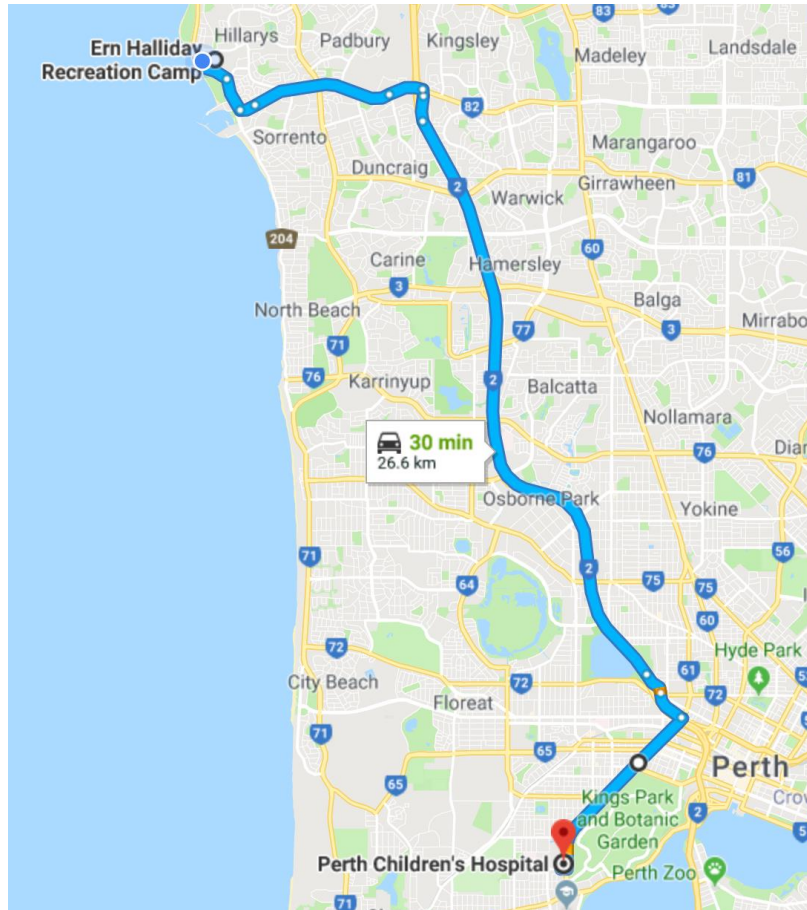


Directions – Ern Halliday Camp to Joondalup Health Campus

1. Head north-west on Whitfords Ave towards Flinders Ave Continue to follow Whitfords Ave Go through 6 roundabouts	6.3 km
2. Turn left onto Mitchell Freeway via the ramp to Joondalup	6.7 km
3. Take the Shenton Ave exit	500 m
4. Turn right onto Shenton Ave	1.6 km
5. At the roundabout, take the 1st exit and stay on Shenton Ave Destination will be on the left	55 m

Map – Perth Children’s Hospital

Perth Children’s Hospital – 6456 2222
15 Hospital Avenue, NEDLANDS, WA, 6009
26.6 km – About 30 Minutes



Directions – Ern Halliday Camp to Perth Children’s Hospital

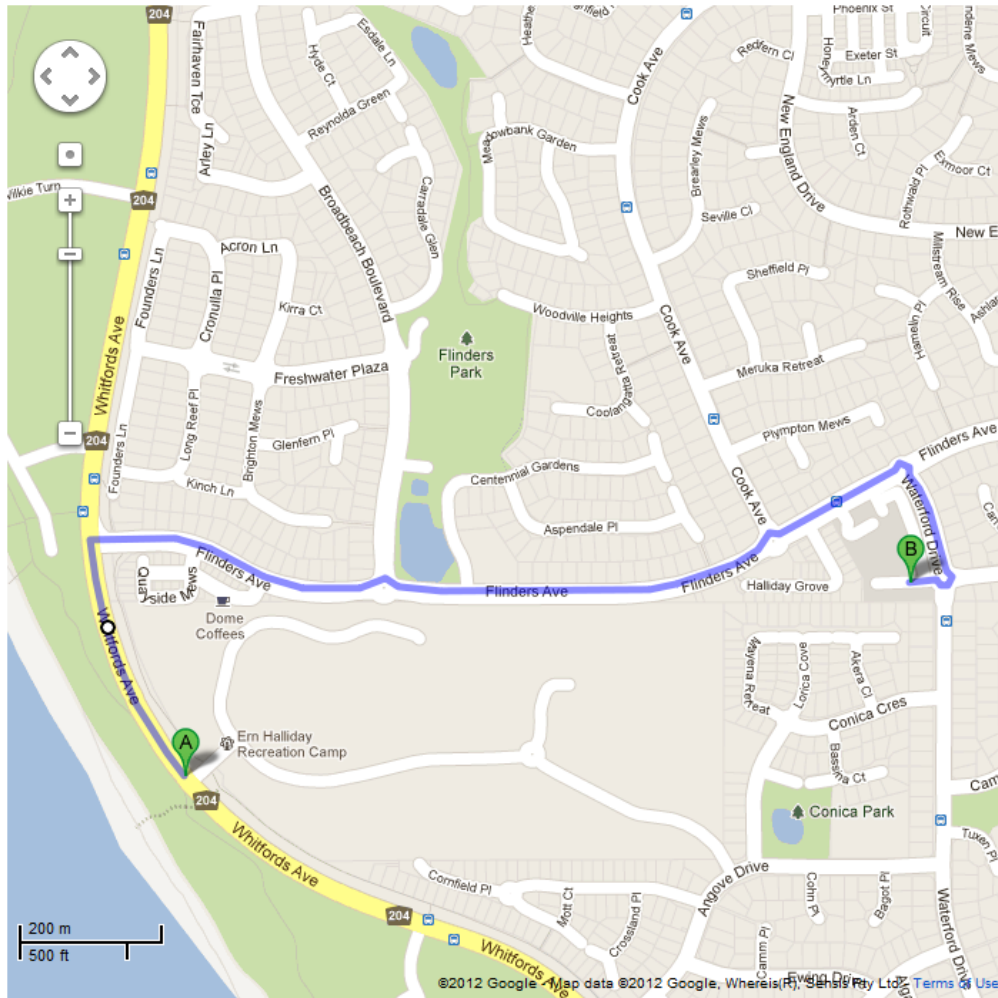
1. Head south-east on Whitfords Ave towards Angove Drive Go through 3 roundabouts	1.5 km
2. At the roundabout, take the 1st exit onto Hepburn Ave Go through 2 roundabouts	4.3 km
3. Turn right onto the Mitchell Freeway ramp to Perth	500 m
4. Keep left at the fork and merge onto Mitchell Freeway	14.4 km
5. Take the exit towards Vincent Street	550 m
6. Continue straight at traffic lights onto Leederville Parade	750 m
7. Turn right onto Loftus Street which becomes Thomas Street	4.3 km
8. Turn right onto Monash Ave	130 m
9. At the roundabout, turn right Hospital Avenue Destination will be on the right	150 m

Map – Hillarys Medical Centre

Hillarys Medical Centre – 9403 2399

Hillarys Shopping Centre, Flinders Avenue, HILLARYS, WA, 6025

1.9km – About 2 Minutes



Directions – Ern Halliday Camp to Hillarys Medical Centre

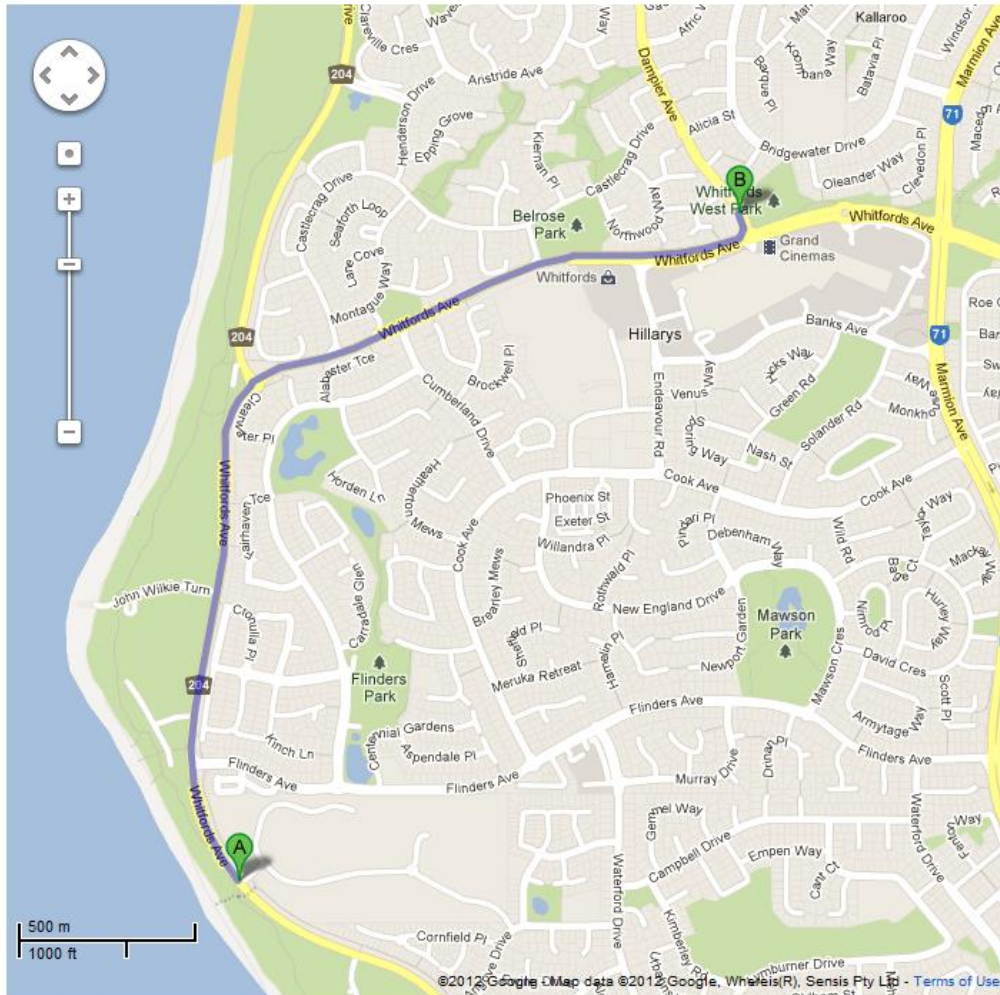
1. Head north-west on Whitfords Ave towards Flinders Ave	350 m
2. At the Roundabout, turn right on to Flinders Ave Go through 2 roundabouts	1.2 km
3. At the roundabout, take the 2nd exit onto Waterford Drive	190 m
4. At the roundabout, take the 3rd exit	83 m

Map – Whitfords Medical Group

Whitfords Medical Group – 9307 4222

Cnr Whitfords Ave & Dampier Ave, KALLAROO, WA, 6025

3 km – About 4 Minutes



Directions – Ern Halliday Camp to Whitfords Medical Group

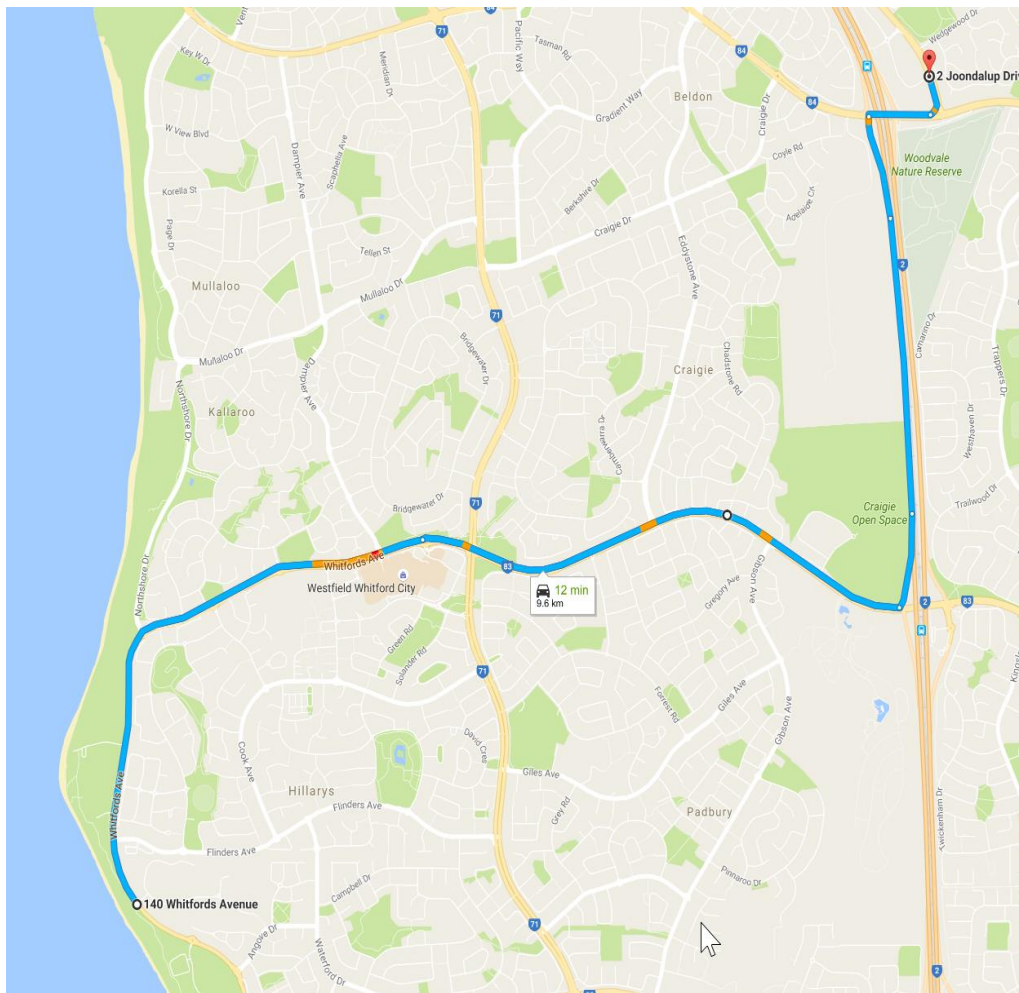
- | | |
|---|--------|
| 1. Head north-west on Whitfords Ave towards Flinders Ave
Continue to follow Whitfords Ave
Go through 5 roundabouts | 2.9 km |
| 2. Turn left onto Dampier Ave
Destination will be on the left | 80 m |

Map – St John Urgent Care, Joondalup

St John Urgent Care, Joondalup – 9400 7000

Cnr Ocean Reef Rd & Joondalup Dve, EDGEWATER, WA, 6027

9.6 km – About 12 Minutes



Directions – Ern Halliday Camp to St John Urgent Care

1. Head north-west on Whitfords Ave towards Flinders Ave Continue to follow Whitfords Ave Go through 6 roundabouts	6.3 km
2. Turn left onto Mitchell Freeway via the ramp to Joondalup	1.6 km
3. Take the Ocean Reef Road exit	500 m
4. Turn right onto Ocean Reef Road	550 m
5. Turn left onto Joondalup Drive	400 m
6. Turn left into Joondalup Gate	250 m

Phase 3 – Standard Emergency Orders

This phase is handled by Camp staff post incident.

Group Leaders may be contacted to assist in the completion of any paperwork.

Group Leaders and participants may be contacted to take part in a post incident debrief facilitated by either DLGSC staff or external agencies.

Considerations

- Counseling services are arranged as needed for the participant, participant's family, staff involved and other group members
- Ensure first aid kits are re stocked
- Site is cleaned and disinfected as needed
- Review response process and document any learnings, adjusting plans as necessary
- Consider if staff members involved should be removed from the camp/program
- Ensure all staff involved are in a state of mind to be able to operate a motor vehicle to drive home. If not, arrange alternate mode of transport for these staff.
- If major structural damage has occurred building inspections should be carried out on affected buildings before entering
- Liaise with Western Power, Water Corporation and ATCO Gas if services are disrupted or should be turned off

On Site Emergency Resources

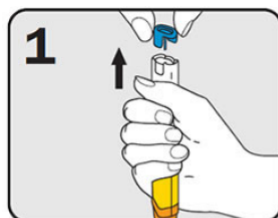
Defibrillator

- 1st Defibrillator & EpiPen is located on the wall outside Office Door in locked box accessible by calling 000. Accessible 24/7.
- 2nd Defibrillator is located on the wall outside the foyer at the main dining hall in locked box accessible by calling 000. Accessible 24/7.

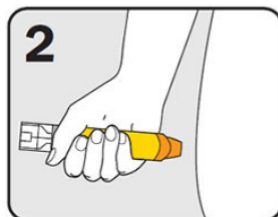
Open red zippered case, push green power button & follow verbal instructions

EpiPen

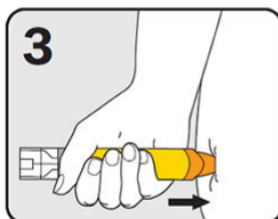
Located in defibrillator located at the office. Simple two step use pictured on device.



1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing).





















3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds

REMOVE EpiPen®

Note: All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

Types of extinguishers

 Portable Fire Extinguisher Guide Department of Fire and Emergency Services www.dfes.wa.gov.au 									
TYPE OF FIRE, CLASS AND SUITABILITY									
Two colour schemes for fire extinguishers exist.		Extinguishing Agent	A	B	C	E	F	D	Comments
Pre-1997	Current		Wood Paper Plastic	Flammable & Combustible Liquids	Flammable Gases	Electrically Energised Equipment	Cooking Oils and Fats	Metal Fires	
		Water	YES	NO	NO	NO	NO		Dangerous if used on flammable liquid, energised electrical equipment and cooking oil/fat fires.
		Wet Chemical	YES	NO	NO	NO	YES		Dangerous if used on energised electrical equipment.
		Foam*	YES	YES	NO	NO	LIMITED		Dangerous if used on energised electrical equipment.
		(ABE)	YES	YES	YES	YES	NO		Look carefully at the extinguisher to determine if it is a BE or ABE unit as the capability is different.
		(BE)	NO	YES	YES	YES	YES		
		Carbon Dioxide	LIMITED	LIMITED	NO	YES	NO		Not suitable for outdoor use or smouldering deep-seated A Class Fires. Suitable for small fires only.
		Vaporising Liquid	YES	LIMITED	LIMITED	YES	NO		Check the characteristics of the specific extinguishing agent.
		Fire Blanket	LIMITED*	LIMITED	NO	NO	YES		* Fire Blankets may be used as a thermal barrier against radiated heat and to control a fire in clothes being worn by a person.
		Fire Hose Reel	YES	NO	NO	NO	NO		Maximum length of hose is 36m.

■ The class in which the agent is most effective.
■ Not recommend for this class of fires.

LIMITED The Extinguishant is not the agent of choice for the class of fire, but it may have a limited extinguishing capability.
 * Solvents such as alcohol or acetone mix with water and therefore require special foam.

Use only special purpose extinguishers and seek expert advice.

Fire hydrant hoses

36m long fire rose reels are located in various locations around the campsite. Access to hoses for hydrants is limited to camp staff only.

Bites and Stings Information

Serious allergic reactions occur in approximately 2% of stings from ants, bees and wasps. Symptoms such as swelling of the face, lips and tongue, breathing difficulties or a generalised rash are potentially life-threatening and require urgent medical attention.

Insects

Bee stings: Remove the sting by scraping, never squeeze the site. Wash the area and apply antiseptic cream. Keep the sting site rested, elevated and cool. Local swelling and irritation may last for several days.

Wasp and Hornet stings: These do not leave a sting behind. Treat as for bee stings.

Ant and other insect bites: Treat as above.



Scorpions: Stings can be very painful and the pain may persist for several hours. Local redness and numbness often occur. Wash the sting site; apply antiseptic and a cool pack. Give oral analgesia such as paracetamol. Australian scorpions do not cause severe symptoms.

Centipedes: Apply antiseptic to the bite site. Local redness, itching and pain are common. Severe pain sometimes occurs.

Spiders

Red-back spider (*Lactrodectus*):

Wash the bite site; apply antiseptic and a cool pack. In the majority of cases only minor pain and redness occur. In 25% of cases, severe pain and other symptoms such as sweating, headache, vomiting and muscle pain develop over the first few hours. Hospital assessment is required for severe symptoms.

White-tailed spider (*Lampona*): There is no clear scientific evidence that bites from these spiders cause skin ulceration. Treat as for bites from spiders-other.

Spiders-other: Wash the bite site, apply antiseptic and see your GP if signs of local infection develop.

(This information only applies to the regions of South Australia, Western Australia and the Northern Territory).



First Aid for Snake Bites

Spotted Mulga Snake

Key points:

Treat all bites, including suspected bites as potentially life threatening

Do not wash, squeeze or puncture the bite site

Apply a pressure immobilisation bandage (see diagram)

Keep the victim calm and still

Do not give food or alcohol

Do not allow the victim to walk.

Get urgent medical/ambulance assistance. Call 000 for the ambulance

Do not attempt to catch or kill the snake

Bites to the head and trunk must be bandaged as firmly as possible

Apply a broad pressure bandage from below upwards and over the bite site as soon as possible. Do not remove trousers, as the movement of doing so will assist venom to enter blood stream. Keep the bitten leg still.

The bandage should be as tight as you would apply to a sprained ankle. The patient should avoid any unnecessary movements.

Extend the bandage as high as possible.

Apply a splint to the leg, immobilising joints either side of the bite

Bind it firmly to as much of the leg as possible. Walking should be restricted



Also used for Blue Ringed Octopus & Funnel Web Spiders

Marine

Jellyfish (non-tropical):
Apply vinegar or Stingose® then shower in hot water for at least 15 minutes.

Blue-ringed octopus:
Muscle paralysis with breathing difficulties can occur within minutes of the bite. The bite may not be painful. Apply a pressure immobilization bandage, perform mouth to mouth resuscitation as required and seek urgent medical attention.



Fish stings:
Immerse the sting site in hot water (as hot as can be tolerated for at least 30 minutes). Medical assessment is required for severe pain or if the pain is not relieved by the hot water